

**Girls, Body Image, and the School Setting:
An Exploratory Study**

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ABSTRACT

The primary purpose of this study was to investigate the knowledge and experiences of school counsellors, teachers, and school-based personnel in the area of girls' body image. Participants' perspectives were described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms. The idea for this research evolved from my interest in positive self-esteem, and academic and social success. As a teacher, I find that girls (more so than boys) base their success on body image. Girls often turn to harmful health behaviours such as disordered eating or excessive exercise because of dissatisfaction with their bodies (O'Dea, 2000; Tiggemann, 2005). I hoped to find ways for teachers to foster positive body image, and I believed school counsellors, teachers, and school-based personnel would be a useful source of information on this topic. I brought to this research a desire to hear, understand, and make meaning from these professionals' experiences of working with girls.

There are a variety of things a teacher can do to create a positive environment in the school setting relating to body image. Focus group participants felt teachers and other school personnel could: (a) openly allow body image discussion in the classrooms either through *Talking Circles* or *Body Talk*; (b) promote active lifestyles; (c) promote healthy eating habits; and (d) act as role models by modelling the right examples. Listening and encouraging students can also create a positive environment. The normal development of bodies should be discussed openly in the classrooms. In order to help create positive body images in young girls, participants believed it was important for teachers and school personnel to: participate in empathy training (learning to talk to each other and to listen to each other), educate parents; train physical education teachers; encourage students to write daily journals and critically analyze media literacy.

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CHAPTER ONE

Introduction

Body image dissatisfaction and body esteem concerns are becoming increasingly prevalent in society, and have been linked to a number of social, psychological, and physiological problems (Smolak & Levine, 2001), especially for girls and women. These problems may include: increased incidence of eating disorders; use of illegal substances; cosmetic surgery; restricted eating; poor psychological well being; obesity; and excessive exercise (Smolak & Levine, 2001). Research has looked at body dissatisfaction, self-esteem, body image, peer and media influences, eating disorders, and disordered eating (Ricciardelli & McCabbe, 2001; Schur, Sanders & Steiner, 2000; Smolak & Levine, 2001; Tiggemann, 2005).

There is high priority for thinness among adolescents (Hill & Bhatti, 1993). Already at the age of 5, children rate their ideal figure as thinner than their current figure (Collins, 1991; Lowes & Tiggemann, 2003; Smolak, Levine, & Schermer, 1997) and children are knowledgeable about dieting and body dissatisfaction (Schur, Sanders, & Steiner, 2000). Self-esteem has been associated with body dissatisfaction (Mendelson, White, & Mendelson, 1996). Young girls are drawn to weight control to improve their self-worth (Hill & Pallin, 1998). Studies have shown that females and Caucasian people experience more body dissatisfaction and weight concerns than males and African-American people (Thompson, Corwin, & Sargent, 1997).

Media transmits the thin ideal in a way that negatively influences the development of body image and self-esteem (Dohnt & Tiggemann, 2006). For example, Tiggeman (2005) investigated the relationship between several aspects of television viewing, in particular total exposure, selective viewing of specific genres, and motives for viewing, with body attitudes

among adolescents. A relationship was found between television watching and body attitudes (Tiggemann, 2005). It was suggested that time spent watching soap operas was related to a drive for thinness, and that the amount of television young girls watched was not as important as what they watched (Tiggemann, 2005). Fashion magazine reading has also been positively correlated with thin ideals (Lowes & Tiggemann, 2003). The physical features (height, waist, bust, and hips) of the fashion model in magazines have changed over the last 40 years (Morris, 1988). Research and recommendations put forth by Health Canada (2002) suggested that slimness in western cultures is associated not only with success and sophistication but with character virtues. These messages appear to be adopted early in life as children have been found to view good looking peers as smarter, friendlier, happier, and more successful (Health Canada, 2002).

Students in early adolescence may have disturbed eating attitudes and behaviours (Knez et al, 2006). Research relating to body image concerns, eating attitudes, and behaviours in children 6 to 11 years of age has suggested there is a need for educational and intervention programs that address body image concerns and eating disturbance before these problems develop and increase in frequency and severity (Knez et al., 2006; Ricciardelli & McCabe, 2001; Tiggemann, 2005).

Most of the research in the area of eating disorders focuses on adolescents (Tiggemann, 2006). However, it is suggested that attempts to foster positive body image should be undertaken at an earlier age (Health Canada, 2002; O'Dea, 2000; Tiggemann, 2005). Preventative approaches in the area of body image and eating disorders may be more successful when they are aimed at younger preadolescent children whose attitudes and beliefs about appearance are less consolidated (Tiggemann, 2006). The increasing evidence for body dissatisfaction and dieting awareness in junior primary school girls has important social implications. Potential negative

effects on children's developing self-esteem and psychological functioning, as well as the possibility of the later development of eating disorders (Ricciardelli & McCabe, 2001; Smolak & Levine, 2001), make it vital that research identifies the antecedents of body dissatisfaction and dieting awareness in young children (Dohnt & Tiggemann, 2005). Safe and successful approaches that address the prevention of body image dissatisfaction, eating problems, and eating disorders need to be developed (O'Dea, 2000). The school is an important setting for intervention. Teachers in classrooms are faced with the challenge of having to make professional decisions as to when and if it is appropriate to make primary interventions.

The primary purpose of this study was to explore the knowledge and experiences of school counsellors, teachers, and school-based personnel in the area of girls' body image. Participants' perspectives were described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms. The idea for this research evolved from my interest in positive self-esteem and academic and social success. As a teacher, I find that girls (more so than boys) base their success on body image. Girls often turn to harmful health behaviours such as disordered eating or excessive exercise because of dissatisfaction with their bodies. I hoped to find ways for teachers to foster positive body image, and I believed school counsellors, teachers, and school-based personnel would be a useful source of information on this topic. I brought to this research a desire to hear, understand, and make meaning from these professionals' experiences of working with girls.

Definitions

Eating Disorders

Eating Disorders are recognized as medical conditions. These include: anorexia nervosa, binge eating disorder, bulimia nervosa, and eating disorders not otherwise specified. There are strict criteria to define these conditions. These clear definitions help health workers understand how each condition develops and progresses, and how to treat people with similar symptoms (Ontario Women's Directorate, 2007).

Disordered Eating

Disordered eating includes a wide range of abnormal eating. This includes the behaviours seen in eating disorders such as anorexia and bulimia, chronic restrained eating, compulsive eating and habitual dieting. It includes irregular, chaotic eating patterns. Often physical hunger and satiety (fullness) are ignored. Disordered eating has negative effects on overall health - emotional, psychological, spiritual, social, and physical. It may cause the individual to feel tired and depressed, and experience decreased mental functioning and concentration. Disordered eating can also lead to malnutrition with risk to bone health, physical growth, and brain development (Ontario Women's Directorate, 2007).

Body Image

Body image is how you think your body looks, and what you think it looks like to others. Your body image begins to form at an early age and can be influenced by your parents, caregivers, peers, and life experiences. We often think of body image in terms of physical appearance, attractiveness, and beauty. However, body image is also an awareness of your body and the thoughts, feelings, and sensations you have about your body (Nedic, 2007).

Body Image Dissatisfaction

Body image dissatisfaction is defined as a persistent report of dissatisfaction, concern, and distress that is related to an aspect of appearance and some degree of impairment in social relations, social activities, or occupational functioning (Thompson & Smolak, 2001).

Significance of the Study

The rationale for this study was to provide a preliminary description of school personnel's understanding and suggestions for supporting young girls as they develop and acquire beliefs about body image. School counsellors, teachers, and school-based personnel have first hand knowledge and experience with young girls who are developing a sense of body image in the school context. These professionals can inform current understanding of how classroom teachers can provide young girls with the support and encouragement they need to develop more positive body images.

This study will supplement the current literature on body image dissatisfaction in young girls. In order to support the students in their care, teachers must be aware of the challenges young girls face, especially in the school context. Young girls need support in developing a sense of efficacy in their abilities to take care of themselves, breaking unhealthy behaviours, and developing positive self-esteem.

Chapter Organization

Literature relating to body image in young girls is critically reviewed in Chapter 2. Descriptions of research methods and procedures that were employed in this study are presented in Chapter 3. Results of the data analyses are presented in Chapter 4, while the implications of the results including limitations and possibilities for future research are discussed in Chapter 5.

CHAPTER TWO

Literature Review

A review of the literature relating to body image in young girls will be reviewed in this chapter. Body image dissatisfaction and body esteem concerns are becoming increasingly prevalent in society, and have been linked to a number of social, psychological, and physiological problems (Thompson & Smolak, 2001). These problems may include: increased incidence of eating disorders, use of illegal substances, and cosmetic surgery; restricted eating; poor psychological well being; obesity; and excessive exercise (Smolak & Levine, 2001). The review of the literature related to body image dissatisfaction and body esteem is organized into four major sections. The sections critically review: body image dissatisfaction; role of peers and media; disordered eating and eating disorders; and preventions and interventions.

Body Image Dissatisfaction

Although Health Canada (2002) argues that there is no way to determine the intensity of the body dissatisfaction, the level of preoccupation, and the degree to which the dissatisfaction interferes with the respondents' lives, studies have looked at the measurement of body dissatisfaction. Rather, it is inferred that those who consider themselves overweight or obese, or who report an ideal weight that is lower than their ideal weight, are dissatisfied with their bodies. This assumption may not be true. Many of the respondents may in fact be satisfied with their bodies and similarly many respondents who report feeling just right or who are at their ideal weight may be dissatisfied with their bodies (Health Canada, 2002).

Self-esteem is associated with feelings about one's appearance, particularly in adolescence (Mendelson, White, & Mendelson, 1996). The emerging association between dieting awareness and poor self-image in girls should be considered a matter of concern and a

reason for action for parents, educators, and health professionals (Hill & Pallin, 1997). Hill and Pallin (1997) argued that young girls are drawn to weight control to improve their self-worth. Research and recommendations put forth by Lowes and Tiggemann (2003) suggested that from 6 years of age girls begin to develop a desire to be thinner and demonstrate awareness of the definition and concept of what constitutes dieting. Parental influence has a strong impact. Mothers, teachers, and therapists act as role models for young children in this regard. For example, the level of body dissatisfaction and dieting awareness has been assessed in young children. Lowes and Tiggemann (2003) conducted a study where 135 children between 5 to 8 years of age were individually interviewed. Body dissatisfaction was assessed utilizing figure preference ratings and dieting awareness. Results indicated that the difference between boys' ratings of current and ideal figures at any age were not significant nor were the ratings of 5 year old girls. However, 6, 7, and 8 year old girls rated their ideal figure preference as significantly lower than their current figure. In addition, subjects' level of dieting awareness increased with age. Multiple regression analyses showed that body dissatisfaction was predicted by gender and perception of mother's body dissatisfaction. Age was the only significant predictor of dieting awareness. Lowes and Tiggemann (2003) concluded that a substantial proportion of young children have internalized societal beliefs concerning the ideal body shape and are well aware of dieting as a means for achieving this ideal. The desire for thinness emerges in girls at around 6 years of age. The sample involved in this study was not representative, but one of convenience, with all children attending a middle-income private religious school. No previous study had focused on level of body dissatisfaction and dieting awareness in children as young as five years of age. It was necessary to employ or adapt measures previously used with older children or to design new measures. The study was cross-sectional in design. Longitudinal research is

required to rule out the possibility of age cohort differences and confirm that body dissatisfaction actually emerges at around age 6 in girls. Future research might usefully address the nature, meaning, and impact on self-concept of body dissatisfaction in young girls.

Schur, Sanders, and Steiner (2000) have also provided support for the prevalence of young children's beliefs about ideal body shape. Sixty-two Grade 3 through 6 students completed audio taped interviews and questionnaires regarding eating behaviours, attitudes toward dieting, and body dissatisfaction. Fifty percent of these children wanted to weigh less and 16% reported attempting weight loss (Schur, Sanders, & Steiner, 2000). Seventy-seven percent of these children had heard about dieting through a family member, usually a parent. Dieting did not necessarily mean caloric restriction to them but rather restricting intake, such as skipping meals. These findings suggested that the family can play a powerful role in the development of eating concerns and body dissatisfaction in children (Schur, Sanders, & Steiner, 2000). A concern regarding this study was how comfortable children were talking about this sensitive topic. Several children were reluctant to talk about their own dieting experiences and to admit to dieting, suggesting that the results may underestimate the number of children attempting weight change. Future research should be directed at establishing whether the presence in childhood of body dissatisfaction, high body mass index (BMI), and eating disturbance are risk factors for the subsequent development of eating disorders, obesity, or depression (Schur, Sanders, & Steiner, 2000).

In order to examine perceptions of body figure, Collins (1990) developed a pictorial instrument and conducted a cross-sectional survey of 1118 preadolescent children. Hypothesis testing related to differences in figure selections by gender, grade, race, and school/community setting revealed males selected an ideal self slightly thinner than self. However, females selected

an ideal self significantly thinner than self (Collins, 1990). Females made thinner ideal adult figure selections more frequently than males. Though African-American participants chose heavier figures than Caucasian Americans, females of both races desired thinner figures. Bias toward thinness among females occurred across all levels of age, weight, race, and school/community setting, with forty-two percent of all females desiring thinner figures. Results of this study suggested that onset of disparate figure perceptions and expectations regarding thinness among females may be evident as early as 6 and 7 years of age (Collins, 1990). Due to the young age of subjects, interviewing may be critical in determining whether bias for thinness actually is present within this age group and, if so, why thinner figures are considered desirable and attractive to children. Attempts should be made to assess parental and societal influences on the body figure attitudes of children. Longitudinal studies should be conducted to assess changes in perceptions and preferences for body figure over time and within individuals. Longitudinal studies may assist in planning and implementing effective intervention and prevention strategies. Studies such as these may encourage realistic expectations related to body figure in the primary years (Collins, 1990).

Hill and Pallin (1997) examined the factors predictive of early dieting awareness. One hundred and seventy six 8 year old children (86 girls, 90 boys) completed assessments of body shape preference, body weight, and height. Children were more likely to advise a fictitious character to diet than they were to report dieting themselves. Self-endorsed dieting was more strongly correlated with negative self-perception, especially in girls (Hill & Pallin, 1997). Significant predictors of dieting awareness in girls included global self-worth (negatively), body mass index (positively), and frequency of mother dieting (positively). Young girls are drawn to weight control to improve their self-worth, and mothers are influential in this regard (Hill &

Pallin, 1997). If children's entry into our dieting culture is sought, then a much younger age group than 8 must be investigated (Hill & Pallin, 1997). A weakness of the study was the reliance on questionnaire data. This leaves some uncertainty regarding young children's understanding of the issues and concepts under investigation and the degree to which dieting awareness affects eating behaviour. In spite of these reservations, the associations among dieting awareness, weight, self-perception, and observed maternal behaviour in 8 year old girls are consistent with those observed in other studies (Hill et al., 1994; Smolak & Levine, 1994). These findings are valuable in revealing early gender effects and the interplay with self-regard.

Parental comments of children's weight and their modelling of weight concerns can also play a role in attitudes and behaviours regarding body image. Smolak, Levine, and Schermer (1997) examined the relative contributions of mother's and father's direct comments about a child's weight, and modelling of weight concerns through their own behaviours, on a child's body esteem, weight related concerns, and weight loss attempts. One hundred and thirty-one mothers and 89 fathers of fourth and fifth grade boys and girls completed a survey, which included: measures of their own dieting attempts; concerns about their own shape; beliefs about caloric-restrictive dieting; and the frequency of comments to their child about the child's weight. Results indicated that direct parental comments, especially by the mother, seemed to be more powerful influences than parental modelling on a child's beliefs and behaviours. Girls appeared to be more affected than boys on weight and shape related beliefs and behaviours. Parental comments and modelling appeared to affect elementary school children's weight and shape-related attitudes and behaviours (Smolak, Levine, & Schermer, 1997). Parental comments and modelling behaviour may be an appropriate target in prevention programs.

In three studies, Mendelson, White, and Mendelson (1996) also explored how youngsters'

self-esteem and body esteem may be related to age, gender, and relative weight. Study 1 involved three hundred and seventy-nine 8 to 12 year olds. Study 2 looked at eighty-five 13 to 15 year olds, while study 3 involved two groups (seventy-six 8 to 10 year olds; eighty-five 11 to 13 year olds) tested twice over two years. Self-esteem was assessed with Harter's Self-Perception Profile (Harter, 1988), which taps global self-worth and self-evaluation in specific domains. It is important to note that, for Harter, the terms "self-esteem" and "self-worth" are interchangeable. Also, there is a strong correlation between self-esteem and body esteem (Harter, 1988). Body esteem was assessed with the Revised Body-Esteem Scale (Mendelson & White, 1993), which yielded two measures (Body Esteem appearance and Body Esteem weight). Generally, self-esteem was not related to relative weight, but was associated with feelings about one's appearance. Body-esteem measures were inversely related to relative weight, and were also associated with global self-worth. Self-esteem and body esteem were stable over 2 years. The studies clarified the relation between self-esteem and body esteem at an early age (Mendelson & White, 1993). Body image concerns start at an early age and seem to persist throughout individuals' lives.

Tiggemann and Lynch (2001) investigated women's body image across the life span. These researchers completed a cross-sectional study with 322 women ranging from 20 to 84 years of age. A questionnaire, entitled "Body Image in Women," was administered measuring body dissatisfaction, self objectification, and its proposed consequences. The questionnaire required approximately 20 to 30 minutes to complete. It consisted of both general measures of body dissatisfaction for comparison with previous studies that had investigated age differences and the variables necessary for testing the objectification model. Respondents completed the Body Esteem Scale (Franzoi & Shields, 1984), which asked respondents to rate their satisfaction

with 35 individual body parts. A five point Likert scale was used (from 1 =have strong negative feelings, to 5 =have strong positive feelings). Although body dissatisfaction remained stable across the age range, self-objectification, habitual body monitoring, appearance anxiety, and disordered eating symptomology all significantly decreased with age. It was concluded that body dissatisfaction remains stable across the age range, but body monitoring, appearance anxiety, and disordered eating decreased with age (Tiggemann & Lynch, 2001). These findings are important because they reveal that body image is a concern across a life span. Therefore, if we can consolidate a positive view at an early age, then we may alleviate the problem of putting a negative emphasis on body image and instead foster positive well-being in individuals.

Research has looked at young girls, their body dissatisfaction, and the effects on self-esteem (e.g., Mendelson, White, & Mendelson, 1996). The role of peers and media also play an important role in the self-esteem of this population.

Role of Peers and Media

The role of peers and media may also affect body image in young girls. Morris, Cooper, and Cooper (1998) examined the changes in the physical features of the female fashion model over the period of 1967-1988. The data was collected from one of London's 19 model agencies. The agency was chosen for three reasons. First, it had been in operation for 20 years. Second, the female models for this agency were supplied to women's magazines only, including Vogue, Honey, Cosmopolitan, Woman, and Women's Own. Third, the agency retained the records of the models they employed each year. For each model, height, bust, waist, and hip measurements were recorded. The agency employed 32 new models each year (Morris, Cooper, & Cooper, 1998). Over time, a significant increase in height, and decrease in bust and waist measurement, was apparent. There was no change in the hip measurement over the study period. This study

documented a change for models' shape from curvaceous to more tubular. This change of body shape in fashion magazines was associated with the corresponding increase in the prevalence of dieting to alter body shape and the apparent rise in prevalence of eating disorders (Morris, Cooper, & Cooper, 1988).

Similarly, Health Canada (2002) stated that the slim ideal is promoted vigorously through the mass media, particularly by the diet, cosmetic, and fashion industries. Particularly dangerous to the body image, and to health, is the implicit message that this ideal can be achieved by anyone who is willing to work hard enough for it. The mass media appears to be influencing individuals' body image perceptions.

Tiggemann and Pickering (1996) investigated the relationship between exposure to one medium, the television, and body dissatisfaction and drive for thinness. Questionnaires were administered to 94 adolescent girls who reported: how much television they had watched in the previous week; body dissatisfaction; drive for thinness; and their height and weight. From these, Quetelet's BMI was calculated as the ratio of weight (kg) to height (m) squared. Perceived weight was rated on a 7-point Likert scale (from 1 = very underweight, 4 = normal weight, to 7 = extremely overweight). Body satisfaction was similarly rated (1 = very satisfied, to 7 = very dissatisfied). Students then completed the Drive for Thinness subscale of the Eating Disorder Inventory (EDI) of Garner, Olmsted, and Polivy (1983). In order to assess television watching, a procedure used by Tangney and Feshbach (1988) was adopted. Participants were presented with a copy of the previous week's television programs, and were asked to circle the programs they had actually watched. From this, the total television viewing hours were calculated. The amount of television watched did not correlate with either body dissatisfaction or drive for thinness, but category of program did (Tiggemann & Pickering, 1996). The amount of time spent watching

soaps, movies, and sport (negatively) predicted body dissatisfaction, and the watching of music videos predicted drive for thinness. One important limitation of the study was its correlational nature. Although it attempted to conclude that watching a large dose of thin idealized images on television leads to dissatisfaction with one's body, a correlation does not determine causality (Tiggemann & Pickering, 1996). An alternative scenario, for example, might be that those most dissatisfied with their bodies or wishing to be thinner sought out or were more interested in particular types of television shows. It is quite likely that the relationships are reciprocal; in that the wider sociocultural medium provides a context for all that we do (Tiggemann & Pickering, 1996).

Research done by Dohnt and Tiggemann (2006) also explored peer and media influences in the body image concerns and dieting awareness of younger girls, aged 5 to 8 years. One hundred and twenty-eight girls were recruited during their first four years of formal schooling. Individual interviews were conducted to assess aspects of body image, as well as dieting awareness. Different sources of peer and media influences were examined. The girls' version of the Children's Figure Rating Scale (Tiggemann & Wilson-Barrett, 1998) was used to measure girls' dissatisfaction with their bodies. In order to measure appearance dissatisfaction, the participants used a format similar to that of the Pictorial Scale of Perceived Competence/Social Acceptance (Harter & Pike, 1984). Results found that by the age of 6, a large number of girls desired a thinner ideal figure. Peer and media influences emerged as significant predictors of body image and diet awareness, and watching music television shows. Reading appearance-focused magazines were found to predict dieting awareness. This study revealed that girls at the age of 5 to 8 years were already living in an appearance culture, where both peers and the media influence body image and dieting awareness (Dohnt & Tiggemann, 2006). The sample of this

study was one of convenience, from four private schools in South Australia, and thus may not generalize to other groups and cultures (Tiggemann & Wilson-Barrett, 1998). Several of the measures had to be designed specifically for the study (e.g., peer discussions and appearance satisfaction), and others assessed only the awareness of concepts rather than direct experiences (e.g., dieting awareness), due to the young age of the children. Although the present study highlighted the importance of peer and media influences, it did not discount the importance of other influences (e.g., mothers). Moreover, it did not examine the mechanisms of influence (e.g., thin-ideal internalization) that may have mediated the effects of socio-cultural influences on body dissatisfaction and dieting (Tiggemann & Wilson-Barrett, 1998).

In 2005, Tiggemann examined the relationship between several aspects of television viewing, in particular, total exposure, motives for viewing, and body attitudes among adolescents. Participants were 1 452 secondary school students who completed questionnaire measures of: eating disorder attitudes and symptomology; internalization of appearance ideals; appearance schemas; and uses of television. The appearance schemas inventory is a 14-item scale designed to assess core beliefs and assumptions about the importance, meaning, and effect of appearance in an individual's life (Cash & Laberge, 1996). Three items, loosely based on items from the internalization subscale of the Sociocultural Attitudes Toward Appearance Questionnaire (Heinberg, Thompson, & Stormer, 1995), were used to address internalization of socially accepted standards of beauty. A two-part questionnaire was also administered to participants. The first part contained background information, measures of media usage, the proposed mediators of appearance schemas and internalization of cultural standards of beauty, and the outcome variables of drive for thinness, bulimia, and drive for muscularity (Tiggemann, 2005). The second part of the questionnaire involved recording the television programs that they

had actually watched in the previous week. Measures of total exposure and viewing of specific genres were generated. It was found that the total television time was not related to any body image variable for either boys or girls (Tiggemann, 2005). However, the time spent watching soap operas was related to drive for thinness in both genders. This relationship was mediated by internalization and appearance schemas. Television watching can have a negative impact on young people's sense of body image based on the type of material and motivations for watching, not the total amount of television watched (Tiggemann, 2005). One important limitation of the study was its correlational design. On the basis of results relating aspects of television viewing to negative body image, it is tempting to conclude that watching a large dose of idealized images on television soap operas produces negative body image (television as cause). However, the converse causal assumption is equally plausible. That is, those girls and boys with the highest levels of body concern and internalization of societal beauty ideals may be most interested and seek out particular media content (television as consequence). In fact, it is probable that the causal sequence is complex and reciprocal (Tiggemann, 2005).

Tiggemann (2006) went on to look at the direction of the relationship between this media exposure and body image disturbance. Two hundred and fourteen female high school students with a mean age of 14 years completed questionnaire measures of: media exposure (magazines and television); internalization of appearance ideals; appearance schemas; body dissatisfaction; and drive for thinness. These measures were completed twice over a two year period (i.e., Time 1 and one year later at Time 2). It was found that Time 1 reading of appearance magazines and watching of soap operas predicted Time 2 internalization, appearance schemas, and drive for thinness. It was concluded that media exposure and body image co-occur, but that neither one is temporally antecedent to the other. This study did not find a causal role for media exposure in the

body image of adolescent girls (Tiggemann, 2006).

Dohnt and Tiggemann (2006) went on further to examine the role of peer and media influences in the development of body satisfaction and self-esteem. A sample of 97 girls 5 to 8 years of age completed interviews at Time 1 and one year later at Time 2. Data analysis showed that at Time 1, perceived peer desire for thinness predicted an increase in girls' own desire for thinness and a decrease in appearance satisfaction and self-esteem one year later. Thus, it can be concluded that perceived peer desire for thinness is temporally antecedent to body satisfaction and self-esteem. Girls who desired a thinner figure and were dissatisfied with their current appearance at Time 1 or Time 2 had lower self-esteem at Time 2. Hierarchical regression analyses confirmed that it was a desire for thinness, not appearance satisfaction, which significantly predicted a decrease in self-esteem (Dohnt & Tiggemann, 2006). As early as school age entry, girls appear to already live in a culture in which peers and the media transmit the thin ideal in a way that negatively influences the development of self-esteem and body image. Programs should aim to bolster self-esteem in young children by emphasizing other aspects of self than appearance (Dohnt & Tiggemann, 2006). In addition, programs need to be targeted as early as school entry when beliefs about weight and shape are less consolidated (Dohnt & Tiggemann, 2006). However, there were limitations to this study. First, the sample size was relatively small. This is perhaps inevitable when children need to be individually interviewed at both time points. It is perhaps why investigations of preliterate children are lacking. The sample was of convenience and likely not representative of the population at large; therefore generalizations should be made with caution. In addition, there were few measures available to measure body image concerns in such young children, therefore it was necessary to use measures previously used with older children or to design new measures. Since these measures were

adapted or newly designed, any findings from them should be interpreted with caution. In summary, young girls are affected by the media and peers and often negatively in terms of body image (Tiggemann, 2005). These young girls, therefore, turn to potentially disordered eating habits in order to alter their body image.

Disordered Eating and Eating Disorders

Girls often turn to disordered eating and eating disorders to improve their self-worth by *improving* their appearance (O'Dea, 2000). Most people with eating disorders share certain personality traits (e.g., low self-esteem, feelings of helplessness, and a fear of becoming fat; Hoffman, 1993). Knez, Munjas, Petroveckii, Kirincic, and Persic (2006) evaluated the disturbed eating attitudes and behaviours among 931 elementary school children using the Children's Eating Attitude Test (Ambrosi-Randic, 1999). They found that some students in early adolescence have moderately to severely disturbed eating behaviour. Ricciardelli and McCabe (2001) reviewed and evaluated the research that examined body image concerns and eating attitudes and behaviours in children 6 to 11 years of age. The majority of studies reviewed used correlational data obtained from cross-sectional studies. Therefore, many of the factors identified as determinants of body image and eating disturbance may also be consequences. This review demonstrated a need for educational and intervention programs addressing eating disturbances and body image concerns to be implemented with young children before body image concerns, eating attitudes, and behaviours increase in frequency and severity (Ricciardelli & McCabe, 2001). However, professionals who are knowledgeable of, and sensitive to, the needs of students would be needed to implement educational and intervention programs. Therefore, the knowledge and attitudes of professionals working with children first need to be considered.

O'Dea and Abraham (2001) administered self-report questionnaires to trainee home economics and physical education teachers to: (1) examine their knowledge, beliefs, and attitudes about eating disorders and weight control; and (2) assess their body image and weight control practices. In addition, participants' heights and weights were measured. The results showed that 86% of the participants advised young overweight adolescents to diet to lose weight. It was reported that 20 % of females and 13% of males regularly skipped breakfast. The advice given showed a lack of specific nutrition education about weight control, adolescent nutritional needs, and fad diets. Fourteen percent of females reported that they had an eating disorder, but only 6% had received treatment. Some females used potentially dangerous methods of weight loss, including 19% who abused laxatives and 10% who induced vomiting. Obviously, there is a need for specific nutrition information and training about eating disorders, weight control, and suitable advice for overweight students. Generalizability is limited given that only trainee teachers were studied. Therefore, the findings would need to be replicated among a larger and more diverse sample of trainee and practicing teachers in order to make generalizations. In addition, the study did not give any details regarding the content of nutrition training courses for the trainee teachers involved. Teachers are not the only important figures who may influence a child's attitudes and behaviours; parents are also key players in a child's life.

Another important factor in the development of eating disturbances is parental control over children's eating behaviour. Tiggemann and Lowes (2005) investigated the determinants of the level of control mothers exert over the food intake and eating behaviours of their young children. Eighty-nine mothers of 5 to 8 year olds (40 boys, 49 girls) completed questionnaires. There was little difference between how parents controlled boys' and girls' eating; however, the pattern of correlations was different. For example, mothers' dietary restraint predicted the

degree of monitoring of the daughters' eating behaviour, but not the sons' eating behaviour, even when actual and perceived weight were taken into account. It was concluded that the degree of control over child-feeding might provide a behavioural mechanism for the inter-generational transmission of eating attitudes and beliefs within families. One limitations of this study was that all measures were taken concurrently and mothers self-reported their food control strategies. Future investigations might take up the challenge to make behavioural observations of the content and conduct of meals and other eating episodes. It was also not clear whether or how mother's food control strategies were communicated to their children.

Both teachers and parents may influence the eating attitudes and behaviours of children (e.g., O'Dea & Abraham, 2001; Tiggemann & Lowes, 2005). There is a need for educational prevention and intervention programs addressing eating disturbances and body image concerns to be implemented with young children before body image concerns, eating attitudes, and behaviours increase in frequency and severity (Dohnt & Tiggemann, 2005; Ricciardelli & McCabe, 2001).

Preventions and Interventions

Girls appear to develop a desire to be thinner during the early years of schooling, somewhere around 6 to 7 years of age (Dohnt & Tiggemann, 2005). Girls also display an awareness of the definition and concept of what constitutes dieting. A substantial number of young girls have absorbed societal beliefs about the ideal body shape, and their social consequence. This suggests that to be truly preventative, programs addressing body image concerns, eating attitudes, and behaviours need to be initiated as early as school entry (Dohnt & Tiggemann, 2005).

McVey, Lieberman, Voorberg, Wardrope and Blackmore (2003) evaluated the

effectiveness of a school-based peer support group designed to: improve body esteem and global self-esteem; and to reduce negative eating attitudes and behaviours. A total of 115 girls in Grade 7 and 8 completed self-report questionnaires before and after the intervention (which included a 10 session group, facilitated by public health nurses), and then again three months later.

Participation in this school-based peer support group was found to lead to increases in weight-related esteem, and decreases in dieting. However, certain limitations existed within this study. First, a short-term follow-up period of three months was used to evaluate the effect of the peer group so that the girls could be assessed during the same school year. In order to investigate whether the positive influences on body esteem and dieting are long-term, future studies should incorporate a more extensive follow-up period. Second, the fidelity of the program delivery was not measured. Future studies should incorporate mechanisms to record aspects of the program delivery to ensure facilitators' adherence to the prevention protocol.

Shroff and Thompson (2006) were concerned with indexing the associations among peer influences, body image dissatisfaction, eating dysfunction, and self-esteem to assist in the development of a school intervention program. The 344 adolescent girls who participated in this study completed a variety of measures. Overall, the results supported the importance of specific friend and peer influences as potential risk factors for body image, eating disturbance, and self-esteem among adolescent girls. The authors concluded that school intervention programs need to target multiple peer influences (e.g., friend preoccupation with weight and dieting, conversations with friends about appearance, popularity, and being teased may all contribute). School intervention programs that target some of these variables may be successful in changing levels of body dissatisfaction and drive for thinness to positively impact behaviour (Shroff & Thompson, 2006).

One of the safest and most successful intervention programs related to body image concerns, eating attitudes, and behaviours is the Health Promoting Schools Framework (O'Dea & Maloney, 2000). This framework encompasses three major areas of intervention in the school and community: 1) school curriculum, teaching, and learning; 2) school ethos, environment, and organization; and 3) school-community partnership and services (O'Dea & Abraham, 1999). O'Dea and Abraham (1999) reported encouraging findings in using this framework and a new self-esteem approach for improving body image, eating attitudes, and behaviours among 470 male and female adolescents. They found significant and lasting improvements in students' body satisfaction and physical concept as well as reductions in the importance of peer group acceptability, physical appearance, and athletic competence. Dieting and weight loss were prevented among females. Among students considered at greater risk for eating disorders (those with high traits of anxiety and low self-esteem) similar establishments were maintained during a 12 month follow-up. The results of this study lend support to using school-based health education programs, that are properly planned and evaluated in order to foster a positive and lasting impact on the body image, eating behaviours, attitudes, and self-image of adolescents. Educators need preventive strategies for eating and body image problems, and school-based programs may provide an efficient and effective way to approach these problems (O'Dea & Maloney (2000). The first step in establishing positive nutrition messages, and school-based education programs which will do no harm, is by changing a program's focus (O'Dea, 2000). Rather than highlighting negative, problem-based issues, a program needs to help young people build self-esteem, and enjoy healthy eating and regular enjoyable physical activity without developing a fear of food (O'Dea, 2000). In order to avoid undesirable and unintentional effects (i.e., the promotion of dangerous weight control methods, or the glamorization or normalization

of eating disorders) teachers, nutritionists, health educators, and other health professionals should receive appropriate training (O'Dea, 2000). For example, training should not only provide correct information about weight issues in children and adolescents, but it should also incorporate activities that foster healthy and realistic attitudes about body weight, shape, growth, food, and nutrition. Specialized training may be necessary in order to effectively deal with such issues. The primary focus of training should be to encourage educators to present food, nutrition, and body weight issues to students in a positive way (O'Dea, 2000). Educators should be encouraged to avoid the common negative approach of focusing on junk food, bad foods, overweight, and other similar terms. Children and adolescents need to know that they can enjoy a variety of different foods as part of a healthy lifestyle. O'Dea (2000) suggested that fostering self-esteem and body esteem among health educators, nutritionists, and school teachers may prove to be one of the most potent ways of improving body image among the young people. Future school-based prevention programs should utilize current information to ensure the most effective, sustainable, and safe programs for the prevention of eating problems among children and adolescents (O'Dea, 2000).

Although Keca and Cook-Cottone (2005) suggested that school staff members are not equipped to treat eating disorders, they believed that staff members can be made aware of student's needs and trained to identify a professional the student could go to if he or she needs help. Schools can help students with eating disorders by creating a school environment where all students feel safe from harassment (e.g., making it clear that discrimination or bullying of any sort will not be tolerated; Keca & Cook-Cottone, 2005). Schools should focus physical education on skill building and establishing healthy habits, not on weight management (Keca & Cook-Cottone, 2005). For example, schools should ensure that physical education is fun, not a

reminder of weight management. Avoid body-fat testing and weigh-ins. Be sure that teachers in charge of school activities are aware of their own attitudes and never comment on a student's appearance, even jokingly. Keca and Cook-Cottone (2005) also recommended teachers should: (1) provide general information about eating disorders and let students know where they can get help; emphasizing that eating disorders are harmful but that students who are concerned about themselves or a friend are not alone and can get help; (2) give guidelines on what to do if they suspect another student may have an eating disorder; and (3) include prevention information in the curriculum (i.e., healthy eating and lifestyle tips).

Other sources have recommended body image concerns, eating attitudes, and behaviours should be addressed in children at an earlier age (e.g., Health Canada, 2002; O'Dea, 2005). For example, Health Canada (2002) suggested that health curricula for students should start as early as Grade 2, and include information about healthy eating, active lifestyle, and self-esteem. Students can be taught to view the media's obsession with thinness with a critical eye, to understand that negative comments about the body are a form of harassment, and to derive self-worth from areas other than appearance. O'Dea (2005) also agreed with early intervention. O'Dea (2005) reviewed current programs and major issues surrounding preventive interventions for body image and obesity in schools. The most effective programs were interactive, involved parents, built self-esteem and provided media literacy. O'Dea (2005) provided an overview of important issues and suitable strategies to consider when implementing programs for body image improvement and the prevention of eating problems and childhood obesity. For example, schools should: implement coping skills to help students deal with media and social pressure to diet and to be slim; focus on students' self-perceptions, identity and relationships; involve parents, especially fathers; start with younger children; and life skills presented in peer support

groups are successful at improving body esteem and self-esteem and reducing dieting (O'Dea, 2005).

There are many programs that can improve body esteem and self-esteem in children and adolescents. However, teachers are not always equipped or trained to do so effectively. The school is an important setting for intervention. Classroom teachers are faced with the challenges of having to make professional decisions as to when and if it is appropriate to intervene.

Recommendations put forth by the British Columbia Ministry of Education (2000) stated that:

Eating disorders are complicated and serious. Only a fully trained therapist should attempt to counsel someone suffering from these disorders. Teachers, however, can play an important role in the healing process. Teachers are in a position to spot the warning signs of eating disorders. As caring and informed adults, who see the students on a daily basis, teachers may also play a preventive role by leading classroom exercises that explore issues such as nutrition, body image and self-esteem. Teachers need support in acquiring the knowledge, skills, and attitudes needed to allow them to feel confident in responding in a positive and pro-active manner to students with body image issues.

The Saskatchewan Health Curriculum was last published in 1998 (Saskatchewan Learning, 1998). A lot of changes have occurred since this time regarding knowledge about body image. This document recommends educators should start to discuss: the issues of appearance and making personal choices in Grade 2; assertiveness, resisting stereotypes, and accepting differences in appearance in Grade 3; and understanding stereotypes (body image) in Grade 4 (Saskatchewan Learning, 1998). Although in Grade 6 there is one unit on Body Image and Nutrition included in the curriculum, no recommendations or guides to help develop these

units of study are provided (Saskatchewan Learning, 1998). This lack of information and direction makes addressing the above suggested curricular areas more difficult for the classroom teacher and other school based professionals.

Summary

Body image dissatisfaction affects self-esteem, and is influenced by peers and the media (McVey, Lieberman, Voorberg, Wardrobe & Blackmore, 2003; O'Dea & Abraham, 1999; Shroff & Thompson, 2006; Tiggemann, 2006). Prevention and intervention initiatives can be used to reduce the effects of these harmful behaviours (Health Canada, 2002). However, the body image beliefs of young girls are already consolidated by adolescence (Tiggemann, 2006). In addition, most of the available health curriculum materials only start looking at body image issues in Grade 2 (Saskatchewan Health Curriculum, 1998). Preventions and interventions relating to body image beliefs should start as early as school entry (Tiggemann, 2006). Safe and successful approaches need to be found in order to address body image concerns and eating disturbances before problems develop. Programs, and the professionals implementing them, should aim to bolster self-esteem in young children, perhaps by emphasizing other aspects of self than appearance, reducing media internalization (Tiggemann, 2006), and finding a way to celebrate individuals' own uniqueness (Health Canada, 2002). They should also assist young girls in the difficult task of decreasing the importance of slimness as one of their major life concerns (Tiggemann, 2001).

The purpose of this study was to explore the knowledge and experiences of school counsellors, teachers, and school-based personnel in the area of girls' body dissatisfaction. Their perspectives will be described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms.

CHAPTER THREE

Methodology

When conducting a basic interpretive qualitative inquiry, the researcher is interested in understanding how the participants make sense of a situation (Merriam & Associates, 2002). The strategy is inductive and the outcome is descriptive. The researcher seeks to discover and understand a phenomenon that involves the experiences and views of the participants. Data is collected through interviews, including probing, questioning, and discussions; the data is analyzed by identifying recurring patterns or common themes. Descriptive findings are presented and discussed within the context of the research literature (Merriam & Associates, 2002).

Basic interpretive inquiry provided a means to: (a) begin to explore school counsellors', teachers', and other school-based personnel's experiences and understanding of young girls' body image dissatisfaction; and (b) generate preliminary recommendations for teachers to improve the school environment. Through the use of focus groups, using guided questions and probes, participants shared their experiences and interactions with girls and body image in the school setting, and generated ideas and possibilities for ways to create a school environment that encourages positive body image (Merriam & Associates, 2002).

School counsellors, teachers, and other school-based personnel have first-hand knowledge and experience with young girls who are developing a sense of body image. In order to explore girls' experiences with body image, I conducted two 90 minute focus groups (one with four participants, the second with three participants) made up of school counsellors, teachers, and other school-based personnel (e.g., teacher assistants).

Researcher's Role

Qualitative research is an inquiry process that explores social or human problems. The researcher builds a complex, holistic picture, analyzes, reports views of participants, and conducts the study in a natural setting (Creswell, 1998). The human science model is one that focuses on subjectivity, achievement of understanding, collaboration with participants and emphasizes holism (Rennie, 1994). An appealing quality of naturalistic inquiry is that I, as a researcher, became the key instrument (Bogdan & Biklen, 2003). I became fully engaged in the process of establishing rapport with the participants and worked with the participants to develop an understanding of school personnel perspectives.

I did my best to provide a safe environment for the participants to share their experiences. Part of creating this safe environment was to openly and fully inform them of the intent of my study (i.e., why I was interested in the area of body image dissatisfaction in young girls, and how I would be meeting with and conducting a focus group). I also informed each participant of their right to participate or to withdraw at any point.

Selection of the Participants

Purposive sampling, that is, when the researcher selects participants based on their characteristics, was used to recruit participants (Morse & Richards, 2002). Good informants/participants are those who are knowledgeable about the topic, are willing to reflect on the phenomena, have the time, and are willing to participate (Morse & Richards, 2002).

Upon approval from the University of Saskatchewan Behavioural Research Ethics Board (see Appendix A), recruitment of participants took place by first gaining the approval of two school divisions encompassing urban and rural centres in Saskatchewan to take part in the study (see Appendix B). Following approval, administrative assistants within each school division

distributed an e-mail to staff/school counsellors inviting participation. Three of the participants responded by e-mail. In addition, four participants were recruited by utilizing the snowball method (i.e., by word of mouth). Individuals who contacted the researcher were then screened by phone or e-mail. I was trying to recruit participants who worked in an elementary or high school, and were interested in creating a positive school environment for girls around body image. For the purpose of this research, participants were selected based on the following criteria: (a) willingness to participate in the study; (b) participants self-identified that they worked with/had interactions with girls and their body image; (c) participants spoke English/or French, as the researcher speaks both languages fluently; and (d) participants were school counsellors, teachers, or other school-based personnel who have been employed in a school. Following the screening, the general procedures were reviewed by telephone (i.e., identify convenient times, location of focus group, parking, and discuss confidentiality).

Teachers, counsellors, and other school-based personnel (e.g., teacher assistants) working in schools in and around a large urban centre took part in the study. Two different focus groups were conducted by the researcher. The first focus group took place at the University of Saskatchewan and involved four participants. Three participants were former teachers presently working as professionally trained school counsellors who had worked at both the elementary and high school, and one was a teacher working in a high school. The second focus group took place in a rural school and involved three participants. Two of these participants were working as elementary and middle years teachers, and one as a teacher's assistant at the elementary and high school level. The teacher's assistant did not verbally share a lot of information; however, she nodded her head in agreement to most of the statements being made by other participants.

All of the participants seemed excited and anxious to share their ideas. They were highly motivated and the researcher did not have to do much prompting to encourage participation. The participants were working for either a Francophone/French Immersion school system or a public school system. All of the participants were female and varied in age from 30 to 55. Four of the 7 participants were known to the researcher. The focus groups were all conducted in English. Focus groups were limited in number. Although nine participants had agreed to participate in the first focus group, only four ultimately participated. This was likely due to the time of year when participants were recruited (i.e., end of the school year). The researcher knew that the end of the school year is a busy time for teachers and other school based personnel. However, logistically the researcher needed to complete her research during her one year leave of absence from her teaching position to meet the terms of the bursary she was awarded and avoid monetary penalty.

Data Collection and Analysis

Bibace, Dillon, and Dowds (1999) argued that in order for focus groups to be effective and ethical, they should be conducted in an atmosphere of mutual respect, from within what they refer to as a *partnership framework*. Focus groups are not effective or ethical if used within an authoritarian framework, which is described as when the researcher believes he/she has all the *right* answers. Focus group interviews are conducted by addressing certain questions to a group of participants who have been assembled for a specific purpose (Gall, Gall, & Borg, 2007). The participants are selected because they are knowledgeable about the research topic. When conducting focus groups, researchers find that participants share feelings, perceptions, and beliefs not normally expressed in individual interviews. Focus groups minimize the researcher having to assume a directive role. Instead, the researcher asks questions to initiate discussion and then the participants express their views, which tend to draw out the views of others in the

group (Gall, Gall, & Borg, 2007). Focus group participants hear each other's responses and make additional comments beyond their original responses. Participants build on each other's ideas and generate different information from one-on-one interviews (Patton, 2002). Participants need not agree or disagree with each other's responses. The purpose is to get high quality data in a social context where participants can share their views. More than one focus group was conducted in order to gather a variety of perspectives on the issue at hand and increase confidence in the patterns emerging from the data (Patton, 2002).

Establishing rapport with the participants is especially important with focus group methodology (Morse & Richards, 2002). Following the explanation of the study and signing of the consent form (see Appendices C and D), experiences were collected from the participants in focus groups using a standardized set of questions (see Appendix E). The focus groups were tape recorded and subsequently summarized. I had a co-facilitator present to ensure the proper functioning of the two tape recorders (in case one of them malfunctioned) and to help with details necessary for running a group (i.e., providing technical support, responding to any unexpected needs). The participants were initially asked open-ended questions: "Tell me about your experiences with girls and body image (e.g., let us identify health issues in young girls between the ages of 6 and 14)?" Follow-up questions were asked to probe or clarify areas while the collection of experiences was continued. For example, "How do you think teachers can help create and support a positive learning environment for girls of this age?" The focus groups were tape recorded. Themes were identified after the data collection in the focus group discussions by listening to the tape recordings several times and taking notes. Excerpts from the tape recordings were selected to describe and summarize emerging themes or commonalities. The participants' experiences were read, re-read, analyzed, and summarized. Insights were developed based on

the informal conversations and observations that had been reported. I was then able to condense these materials by summarizing, synthesizing, and extracting the essential features or characteristics of the situation. In order to synthesize information without losing insight, I had to link my observations with those of the participants in the study in order to achieve generalization, validity, and abstraction. Researchers strive to develop thick description and condense the material by summarizing, synthesizing, and extracting essential features or characteristics of the situation (Morse & Richards, 2002).

Ethical Considerations

The procedure for conducting research as set out by the University of Saskatchewan Behavioural Research Ethics Board was followed. The participants were informed of the purpose and the details for participation in the study. They were informed that their participation was voluntary and that they could withdraw from the study at any point. A consent form was presented and discussed with each participant. Issues relating to anonymity and confidentiality, and permission to record the focus group, were also discussed and agreed upon. Participants were part of a focus group, therefore, anonymity and confidentiality could not be guaranteed. However, I asked that the information shared throughout the focus group remained confidential and participants signed consent forms acknowledging this agreement. Pseudonyms were chosen by participants. These pseudonyms would be utilized on the tapes to ensure anonymity if required. I tried to ensure confidentiality when the participants were informed that the student researcher and student's thesis supervisor would be the only people able to access the tape recordings. As required by the University of Saskatchewan Behaviour Research Ethics Board, tape recordings will be stored for five years in the office of my thesis supervisor, Dr. Laureen McIntyre, after which they will be destroyed.

Trustworthiness in the Research Process

Trustworthiness of the research determines the credibility or truthfulness of findings. According to Lincoln and Guba (1985), the basic issue of trustworthiness is: how can I, as a researcher, convince the readers of my study that it is worth reading and the results are credible? Trustworthiness, which strives to ensure that the findings of this study are credible and worth paying attention to (Lincoln & Guba, 1985), was sought by focusing on the following criteria: dependability, confirmability, and credibility. Dependability refers to the accuracy of the text as well as acknowledging all of the steps taken throughout the study (Lincoln & Guba, 1985). I described, to the best of my ability, all the steps taken to maximize the accuracy of the text. Confirmability is assuring the findings are grounded in the data (Lincoln & Guba, 1985). I strove to demonstrate confirmability by including quotes from participants and explaining their responses in detail. Further evidence to support the dependability and confirmability of my findings was gathered through the use of an audit trail. This involved keeping an accurate record of the procedures involved in the study using field and research notes.

It is important to establish credibility with the readers of this thesis by informing them about the strategies that were used to assure the findings are authentic, accurate, and believable (Lincoln & Guba, 1985). As a researcher, I was accountable to the research participants. The participants needed to be protected and their stories and experiences needed to be honoured. The participants' experiences and ideas were respected and listened to during the data collection process; they were also recognized in the presentation of findings. The conversations in the focus groups were based on a common desire to understand more about the phenomenon of girls' experiences with body image in schools, and how school personnel might create a positive environment. Participants were given the opportunity to change or edit any of their comments

and/or contributions they did not want included in the thesis before signing the release forms. None of the participants opted to make changes.

Merriam (1998) stated that results "are trustworthy to the extent that there has been some accounting for their validity and reliability and the nature of qualitative research means that this accounting takes different forms than in quantitative research" (p. 198). Careful attention is to be paid to the method of data collection, analysis, and interpretation, including the manner in which the results are reported. "It is imperative that researchers and others have confidence in the conduct of the investigation and in the results of any particular study" (Merriam, 1998, p. 199). Decisions on emerging threads and patterns of the participants' experiences were discussed with my supervisor. I strove to provide rich, thick descriptions in order "to provide enough description to contextualize the study such that the readers will be able to determine the extent to which their situation matches the research context, and hence, whether findings can be transferred" (Merriam, 2002, p. 31). However, contextualization of the data was constrained by the amount of data provided by the small number of participants in each of the focus groups. Thick description was developed by processing interviews and field notes in which observations and informal conversations were reported, and through theoretical insights developed from these materials. Researchers condense these materials by summarizing, synthesizing, and extracting the essential features or characteristics of the situation. In order to synthesize information without losing insight, the researcher must link his/her own observations with those of the participants in the study in order to achieve generalization, validity, and abstraction (Morse & Richards, 2002). Results of the data analyses are presented in the following chapter.

CHAPTER FOUR

Results

Overview

In this chapter, participants' responses to the four focus group questions are described and themes are used within the questions. The chapter concludes with an integrated summary.

Responses to Focus Group Question One

The first focus group question posed to participants was: *I am assuming you are all here because you recognize and believe that girls' body image is an issue of concern. I'd like to start off by hearing from each of you about how you came to believe this? What experiences have you had in the school setting that tells you this?*

The participants all agreed that body image during adolescence is definitely a concern, and that body image concerns amongst this population are not disappearing. For one participant, the concern goes back to her own childhood when she struggled with body image. For another participant, it was her own daughter who struggles with body image. Another participant's curiosity started when she was in Grade 12 and girls wanted to weigh less than 100 pounds. She questioned, "Why? Why is that so important?" Another participant didn't see it as a concern so much as a teacher but more so as a counsellor. "Tall, thin bodies seem to be sought after." "Girls, as young as 6 or 7 years old, are saying 'I don't want to grow; I don't want to get bigger!'" This had been heard many times. She was struck by the number of kids that diet, and that "We don't understand the depth of that problem." Working with girls who have eating disorders, the participants often hear "I don't want to grow up, I want to stay small, I don't want a woman's body." The participants felt these statements were indicating that the girls making these comments feel safe, in their present state, and they want to stay in their safe zone. These girls fear the

unknown; the world out there is scary. “This generation has been given a lot more than the past generation so there is fear of not being able to do it on one’s own” said a school counsellor.

One of the school counsellors was living with two girls; one of them was going through a depression. The participant later found out that this girl was apparently suffering from both anorexia nervosa and bulimia. “She would hide it very well. She would eat lots, or not eat at all. She was suffering from both eating disorders.” This counsellor had the opportunity to live with these young girls, so she really had an insight in what they lived. The other girl, who was living with this counsellor, suffered from bulimia and she was addicted to food just like a drug addict is addicted to drugs. She would find it anywhere even if it meant stealing it. “They will eat anything from condiments to vegetable oil, anything they can put their lips on.” Girls will often tell her, “I’ve had negative attention all my life.” There is part of these destructive behaviours that is attention-seeking. This counsellor thought she had a feeling for what parents must go through.

Some of the participants have heard girls saying, “I don’t want to grow up, it is scary out there!” The participants felt that some of these girls are afraid to live by themselves. The problem, according to one of the counsellors, is not often about food but more about thinness and fears. The participants all agreed that words are incredibly powerful. Girls have been called “fat” and this affects their self-esteem. The participants reported that the girls had a fear of not being “good enough.” According to the participants, women have concerns with body image. Most women, if not all women, have issues with body image. One participant believed that some days are worse than others, and that body image affects how you feel. In a school, however, this school counsellor believed that it should be appropriate to talk about body image. She shared, “We all have bodies and how do you feel about yourself today? Let’s talk about it, not just during Grade 8 sexual education class.” Participants agreed that other provinces are

integrating body image concerns right into their curriculum. According to the participants, it should not be a taboo subject and both males and females should be encouraged to discuss their concerns. Participants agreed that body image should be discussed across the board, not just in sexual education classes. It would also be appropriate to share concerns in the health classes when discussing nutrition. “Body image should open up for discussion.” It was also agreed upon that exercising is another factor contributing to body image. Exercise can play an important role in building self-esteem and increasing body image satisfaction. One of the teachers reported, “Students who exercise or are active in sports tend to have more positive body image.” Letting students know that teachers are aware of their body image concerns is important, according to some of the participants. Participants recommended that issues, such as the media and the pressures involved in being thin, can be discussed in the classroom.

Developing bodies should also be discussed in classrooms. One of the school counsellors reported that, “Some girls are shocked when they find out that there are certain proportions and shapes to their bodies.” She went on to report that it takes girls some time to get accustomed to these changes. “If they know about it going through puberty, it wouldn’t be as shocking.” The subject of developing bodies is not one that is often discussed openly. There was agreement from participants in both focus groups that perhaps, we should talk about the issue of developing bodies more. One of the teachers commented that discussion of body image can be incorporated into any subject you can think of in school. She believed that body image should be discussed openly. For example, when we feel down about ourselves, we should be able to say “you know I don’t feel good about myself today, I am not having a good day.” A teacher or counsellor could respond, “Well why don’t you feel good today?” Participants agreed that teachers, counsellors, and other school based personnel should make nonjudgmental comments instead of comments

such as “Well, you look beautiful today!”

Responses to Focus Group Question Two

The next question posed to focus group participants was: *Have you noticed girls who do seem to have had positive healthy body images? When and where have you observed this? What led you to believe they felt good about their bodies? Does this give us any ideas about how we can create a positive school environment for girls and body image?*

Some of the teachers thought that empathy training is important in developing positive body image in young girls. These participants felt that students should learn to talk and listen to each other. As a teacher, it is hard to intervene but students would benefit greatly from incorporating positive body image information and activities that involve speaking and listening to others into lesson plans. Listening to what students are saying and incorporating it into lesson plans, whether it is during Health or English class, was felt to be very important to all participants. Other recommendations given by participants included teachers could take students aside and talk to them one on one if they suspect students are having a problem with body image. Talking circles, which involve students discussing certain topics openly without being judged or criticized, may be a beneficial way for students to discuss certain issues regarding body image. For example, one of the participants described an exchange they had witnessed between a group of boys and girls. “When girls were saying that they wanted to be thinner so that boys would be more attracted to them. Yet the boys’ responses were that they didn’t care if girls were thin or not so thin. Girls’ responses to this were ‘you guys say that but you sure don’t act as if you don’t care if we are chunkier.’” The girls involved in this exchange seemed to be saying that the boys were lying because their actions did not go with their words. The more talking circles are used, the more girls and boys can share their feelings and understand each other. As one of the school

counsellor's commented, "Everyone has a body and everyone is an expert of their body."

Another important factor in creating positive body image, according to school counsellors, is the role modelling of teachers. The participants shared that in certain physical education programs, teachers use the body mass index (BMI) of students to determine if they are *too fat*. Some teachers will even have weigh-ins before physical education classes. Participants believed these actions demonstrated that teachers are misinterpreting the standards. Participants agreed that students are developing at different times and at different rates, so it is not surprising that we are having difficulty getting students to join in physical activities. Teachers should be more sensitive to the development and physical changes of students' bodies. "It is not appropriate to ask newly developing girls to do a certain amount of jumping jacks in front of everybody in the classroom" shared one of the participants. In order for male and female teachers to be aware of issues such as these, there was agreement from participants in both focus groups that training physical education teachers is also important. In addition, participants noted that it is more common for girls to have different physical education classes than boys. They felt it was a good idea to separate these classes by gender so some of the above mentioned issues can be better addressed.

Involvement in physical activity can also positively influence students. As one of the teachers noted, "Certain girls in particular, who are not necessarily ranked as the top athletes but rather they are interested in various kinds of sports, have hearty appetites." They never see these girls skimping on meals; they seem to be oblivious to dieting and are not worried about food restrictions or caloric intake. Participants wondered if this was because "these girls are so active that they just have that natural need to keep their bodies fueled or is [it] that they have such good self-esteem that it doesn't matter?" Participants also commented that taking on

leadership roles in activities can also positively influence body image, and that teachers should encourage students to participate.

Participants also commented some of their students have demonstrated positive body images when they question the images shown in the media. For example, “why don’t they show normal girls in magazines?” Participants speculated that these girls have been educated and informed about how the media affects reality, and how computer images can be power brushed. The magazine media fails to provide information about character and the importance of personality. The school counsellors and teachers agreed that teachers should convince students to understand that most pictures in magazines are just fake images. “Teachers have so many students that it is almost impossible to recognize all signs of negative body image, but just knowing that teachers are available and willing to listen is important to students,” commented one of the teachers. Most participants felt that if a teacher hears a conversation around negative body image, she/he should intervene. If the student talks about negative body image in front of the teacher, “then it is obvious that the student wants to talk about it. The students know if the teacher is there.” If students don’t want the teacher to hear what they are talking about, then they wouldn’t discuss it in the same room as the teacher. The participants agreed that the best way to handle the issue is to either approach the student one on one, or incorporate the topic of their conversation into a lesson. This would give the opportunity for people to share their views and opinions regarding body image. Participants expressed the belief that having a caring adult who is willing to listen is important for students.

According to the focus group members, it is very hard for girls suffering from body image dissatisfaction to admit to having a problem; “they are in denial.” Some of these counsellors know of girls suffering from serious eating disorders, but cannot get the girls to

admit it. Therefore, they cannot do anything to help them until they are willing to admit that they indeed have an eating disorder. “Doctors don’t go hunting for patients and counsellors can’t either!”

One counsellor suggested that once girls start using the language of addiction, which is the language that proves that there is a dependency, the issue becomes much more serious. Tension builds up in these girls. She also reported that “the language of addiction is prevalent in girls suffering from serious eating disorders. Once the tension builds up and the girls start getting addicted to food, it becomes a lifelong struggle.” Participants agreed that early intervention becomes extremely important before behaviours such as these become an addiction. The school counsellors recommended that even if teachers are not sure how to intervene, it is important to do so and rely on the professionals around them for guidance.

Responses to Focus Group Question Three

Participants were also asked: *Looking at moments/incidents when people have been aware of body image and girls in the school setting.....Did anybody try and do/say something? What was the impact? How were such actions received?Now let's brainstorm ideas about what could have been done differently, what else might we do?*

One of the participants shared that she had been involved in a situation in which she noticed a student seemed to be preoccupied with her looks. She had observed one of her students to always looking at her stomach/breast area. She became quite concerned and did not know how to handle the situation. The student would not talk about her concerns, so she decided to contact the student’s mother. When speaking to the mother, the teacher let her know that she was concerned about her daughter’s apparent preoccupation with her body. The student’s mother replied that she would know if her daughter had a problem, since she was a health nurse.

Although the mother did not react favourably to her inquiry, the teacher had no regrets sharing her concerns with this student's mother. She felt she had done her job.

Participants believed there are a number of ways for students to have an opportunity to share their beliefs and concerns about body image in the school setting. For example, having *Girls Clubs* or *Body Talk* are fantastic ways of having girls discuss their concerns regarding body image. An hour is set aside to talk about any topic. Hearing each other becomes important to them. The dialogue builds upon each other's responses quite like a focus group. *Writing Clubs* are another way students can express their views on body image. Students are given the opportunity to write about any questions or concerns they may have. Many of the teachers in the focus groups reported positive experiences using this activity with students. Specifically, one participant recalled giving students the writing subject, "Being active makes me feel good about my body." Group work, which involves students working or discussing in small groups, can also be a great way to get students to participate in discussions about body image. One of the participants suggested that, "Even if some students don't speak, it doesn't mean that they are not retaining any information. Just being part of a work group and listening is beneficial." Although sometimes students may need to be encouraged to share their body image concerns.

Responses to Focus Group Question Four

The last question posed to participants was: *Let's brainstorm as many other ideas as we can about how teachers can help create and support a positive learning environment for girls of this age. Are you aware of any programs/resources/initiatives that are available for teachers?*

Participants agreed that the more teachers can invite discussion and research on contemporary issues as part of their curriculum, whether it is Physical Education, Health lifestyle, or English or French Language Arts, the more open the topic is to exploration.

Participants agreed that this exploration allows for the likelihood of having well informed people who can become their own peer support group. It gives students general issues to discuss rather than the more difficult task of sharing issues on a personal level.

The teachers involved in the focus groups reported that daily journal writing is now being used in certain schools. It is easily integrated into many subject areas. "It should be done early in life because if you wait too long you will miss that critical time in the child's development when writing is okay and after a while it's not okay anymore," stated one of the counsellors. The students that want to keep writing will find the time to do so. Participants speculated that journal writing is very powerful, since it is a way for students to freely express their feelings without being judged or evaluated. The teachers could then deal with the information they get from the journals by either showing videos or inviting guest speakers. If a teacher suspects that students need support, they do not have to approach the students individually. Instead teachers can address any issues that arise to the entire classroom.

There was some agreement from members of both focus groups that critical media literacy can also be incorporated into lesson plans by teachers. Music videos, commercials, television, and magazines can be analyzed critically by a group of students. Put in a video and ask the question, "Okay, what do you think?" This can get a conversation going and help students think critically. "They can become critical consumers!" reported a school counsellor.

As for programs available for teachers, the participants were familiar with social skills building programs or self-esteem building program as components of body image. However, none were aware of programs that just deal with body image. The provinces of Alberta and British Columbia were reported to have body image programs for educators to access. *I Am My Body* (Moltmann, 1995), *The Importance of Body Image Interventions in Schools* (McVey &

Davis, 2002), *Body Talk* (Cash, 1997) and *In Motion* were highly recommended by the participants.

Participants believed in order to create more positive environments in schools, students need to be exposed to ways of recognizing and better dealing with stress and anxiety.

“Sometimes vomiting and not eating are physiological responses to stress, anxiety, and shock.

That is a natural part of who we are,” noted one participant. She said that “when kids experience that, they become hooked on it as a coping mechanism or a response mechanism with which they are familiar. That’s when they get hooked into the eating disorder as well.” The participants agreed that teachers have to recognize and be aware that kids are coming to school stressed at a much earlier age. “Students are coming stressed at preschool, never mind in kindergarten and Grade 1.” Participants believed that the more teachers are aware of the need to help students deal with stress, anxiety, and problem solving, the less likely the students will experience natural physiological responses (i.e., a sore stomach which may cause them to vomit or not eat).

Therefore, participants believed early intervention is crucial.

Participants also suggested that it would be much easier to get the parents involved in creating positive learning environments if we can provide them educational opportunities. By the time the students get to high school, it is hard to change their thoughts and feelings. Focus group members reported healthy lunches, lots of physical activity, and encouraging students’ participation in school and extra-curricular activities can promote a healthier lifestyle.

Participants believed these actions could improve a student’s self-esteem and reduce the likelihood that these students would fall into any kind of disorder. Participants believed that school age entry is the time when teachers should start looking at body image. The issue of body image can be addressed through games at an early age. The participants felt that it is wrong to

only target certain grades when discussing body image. Instead, encouraging the development of a positive body image in children should be done at all levels. Participants believed there are different ways of approaching the topic of body image at different age levels. Teachers have to keep in mind that every child at different stages of development can look at the same things but with a new perspective or understanding. One participant suggested that “educators have to rework the information and integrate it into who we are today. As educators we have to recognize it adequately.” When addressing the issue of body image, there has to be a scope and sequence. According to the participants, educators have use different ways of approaching body image concerns at different age levels in the curriculum.

Summary

The rationale for this study was to provide a preliminary description of school personnel’s understandings and suggestions for supporting young girls as they develop and acquire beliefs about body image. School counsellors, teachers, and other school-based personnel (e.g., teacher assistants) have first- hand knowledge and experience with young girls who are developing a sense of body image in the school context. These professionals can inform current understanding of how classroom teachers can provide young girls with the support and encouragement they need to develop more positive body images.

According to the focus group members, and considering the experiences I have had as a classroom teacher, there are many things a teacher can do to create a positive environment in the school setting. Through the focus group participants I have learned strategies that I can utilize in the classroom to support and encourage the development of more positive body images. These strategies include: (a) openly allowing body image discussion in the classrooms either through Talking Circles or Body Talk. Teachers explain that everyone has a right to an opinion without

being judged or criticized; (b) promoting an active lifestyle by encouraging and discussing the importance of being active; and (c) promoting healthy eating habits by discussing the importance of such habits and acting as a role model;. Listening to and encouraging students to share their feelings and experiences can also create a positive environment. The normal development of bodies should be discussed openly in the classroom by emphasizing that individuals develop at different rates, and bodies come in different shapes and sizes. Discussing these issues openly with others may help us to be more positive about our bodies. In order to help create positive body image in young girls, participants also believed it was important for teachers and school personnel to: participate in empathy training (learning to talk to each other and to listen to each other); educating parents; training physical education teachers (i.e., by inviting professionals to speak during professional development sessions); and encouraging students to write daily journals (i.e., include journal writing in the class' daily schedule) and critically analyze media literacy during class projects and sharing them with others. It is important that teachers and school-based personnel become trained by skilled professionals before attempting to implement these strategies. Skilled professionals could include certified school counsellors, nurses, dieticians, and physicians.

CHAPTER FIVE

Discussion

This chapter includes an overview of the study and a discussion of the findings in terms of the extant literature. Recommendations for future research conclude the chapter.

The primary purpose of this study was to explore the knowledge and experiences of school counsellors, teachers, and other school-based personnel (e.g., teacher assistants) in the area of girls' body image. Participants' perspectives were described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms. Many of these suggestions require professional development opportunities for teachers to acquire accurate knowledge and appropriate skills. The results of this research supported and added to the extant literature. There is high priority for thinness among adolescents (Hill & Bhatti, 1993). Already at the age of 5, children rate their ideal figure as thinner than their current figure (Collins, 1991; Lowes & Tiggemann, 2003; Smolak, Levine & Schermer, 1997) and children are knowledgeable about dieting and body dissatisfaction (Schur, Sanders, & Steiner, 2000). Self-esteem has been associated with body dissatisfaction (Mendelson, White, & Mendelson, 1996) and young girls are drawn to weight control to improve their self-worth (Hill & Pallin, 1998).

Research relating to body image concerns, eating attitudes, and behaviours in children 6 to 11 years of age has suggested there is a need for educational and intervention programs to address body image concerns and eating disturbance before these problems develop and increase in frequency and severity (Knez et al., 2006; Ricciardelli & McCabe, 2001; Tiggemann, 2005). The everyday observations and perceptions reported by the focus group members in the present study supported these studies' recommendations for preventative measures, and highlighted the school as an obvious site for program delivery.

Preventative approaches in the area of body image and eating disorders may be more successful when they are aimed at younger pre-adolescent children whose attitudes and beliefs about appearance are less consolidated (Tiggemann, 2006). The increasing evidence for body dissatisfaction and dieting awareness in junior primary school girls has important social implications. Potential negative effects on children's developing self-esteem and psychological functioning, as well as the possibility of the later development of eating disorders (Ricciardelli & McCabe, 2001; Smolak & Levine, 2001), make it vital that research identifies the antecedents of body dissatisfaction and dieting awareness in young children (Dohnt & Tiggemann, 2005). Safe and successful approaches to deal with the prevention of body image dissatisfaction, eating problems, and eating disorders need to be developed (O'Dea, 2000). The participants in this study all agreed with these preventative approaches. The school is an important setting for intervention. Classroom teachers are faced with the challenge of having to make professional decisions as to when and if it is appropriate to make primary interventions.

Findings

A number of valuable insights into fostering more positive school environments were gained from focus group participants:

1. Participants believed body image should be discussed in classrooms. It is a topic that should be discussed across subject areas, and not just in sexual education or health classes when discussing nutrition. Participants also believed that the topic of developing bodies should be discussed in classrooms. As one counsellor shared, "Some girls are shocked when they find out that there are certain proportions and shapes to their bodies. It takes them some time to get accustomed to these changes and if they know about it going through puberty, it wouldn't be as shocking." These

subjects are typically not discussed openly in schools, and participants believed we should talk about them more. Participants agreed that in order to facilitate discussion and have a positive impact on students, teachers need knowledge, skills, and training relating to the area of body image in order to implement these suggested changes.

2. Participants believed exercise is another factor that contributes to the development of a more positive body image in students. Exercise can play an important role in building self-esteem and increasing body image satisfaction. As one focus group participant observed, “Students who exercise or are active in sports tend to have more positive body image.” This brings about the challenge of certain schools that have decreased physical education requirements and offer physical education classes as an elective. This seems to devalue physical activity compared to intellectual activity.
3. Participants felt empathy training and learning to talk and listen to others (i.e., in talking circles) are important in developing positive body image in young girls. As a teacher, it may be difficult to intervene directly in these areas, but opportunities for speaking and listening can be incorporated into a teacher’s lesson plans. Participants believed listening and giving students the opportunity to talk about body image is beneficial for students, but teachers will require professional development inservices to learn more about this process.
4. Participants felt training physical education teachers is also important in ensuring sensitivity to young girls’ developing body image. An important factor in creating positive body image is using the teacher as a role model. Participants believed that teachers should be more sensitive to the student’s development (i.e., physical changes

of bodies) since some students may be more self-conscious than others about changes in their bodies.

5. Participants believed educating parents, teachers, and all other school personnel on creating positive school environments is important to ensure that students are being exposed to accurate knowledge and appropriate responses. Participants felt that by promoting healthy lunches and participation in physical activities or extra-curricular activities in the school or community the likelihood that students would struggle with body image and other related issues (i.e., poor self-esteem) would be reduced. It was identified that it is important for classroom teachers to encouraging active participation in activities and act as a positive role model. Participants also agreed that encouraging students to take on leadership roles in different activities can help to foster their positive self-image.
6. Participants believed group work, which is having students work in small groups, is also a great way to get students to participate in body image discussions. Participants believed that even if some students choose not to speak in these activities, it does not mean that they are not retaining any information. Just being part of a work group and listening is beneficial. However, participants stated that encouragement from teachers for students to discuss body image concerns in these groupings may also be needed.
7. Participants felt the more teachers can invite discussion and research on contemporary issues as part of their curriculum, whether it is Physical Education, Health lifestyle or English or French Language Arts, the more open the topic is to

exploration. This would hopefully increase the number of well informed people in your classroom who could become part of a peer support group.

8. Participants believed that daily journal writing, which is now being used by schools, can be easily integrated into many subject areas. As one participant shared, “It should be done early in life because if you wait too long you will miss that critical time in the child’s development when writing is okay and after a while it’s not okay anymore.” The students that want to keep writing will find the time to do so. Journal writing can be very powerful, since it is a way for students to freely express their feelings without being judged or evaluated. However, participants believed that it is important that teachers receive guidance before implementing daily journal writing. This would help ensure thoughtful structuring of the journal writing, appropriate consideration of issues related to confidentiality, and when to consider the need for referrals.
9. Participants believed that critical media literacy can also be incorporated into lesson plans by teachers. Music videos, commercials, television and magazines can be analyzed critically by a group of students. Participants felt teachers could help students to understand that most pictures in magazines are just altered images. In addition, teachers can talk about the media and the pressures involved in being thin in the classroom. However, participants stressed that teachers need to receive the proper training in order to implement these strategies.
10. Participants felt teachers need to be aware that children are coming to school stressed at a much earlier age than in the past. Participants believed that the more teachers are aware of the need to help students deal with stress, anxiety, and problem solving, the less likely the students will experience natural physiological responses (i.e., a sore

stomach which may cause them to vomit or not eat). Therefore, participants believed early intervention is crucial.

11. Participants felt school age entry is when teachers should start looking at body image.

When addressing the issue of body image, there has to be a scope and sequence. According to the participants, educators have use different ways of approaching body image concerns at different age levels in the curriculum.

Through my interactions with focus group participants, I have been given suggestions that will benefit my future students. I feel I will not only be more confident when discussing body image issues with the students, but I will be more understanding of my students' needs. Any additional training I receive in the future from professionals who are knowledgeable about body image issues (i.e., dietitians, physicians) can only further develop my knowledge and skills in addressing body image issues in my classroom.

Limitations

One limitation of this study was the small number of focus group participants. Conducting discussions with only seven participants limits that amount and scope of information that can be collected. In addition, the participants were all female and only varied in age from 30 to 55 years of age. Meeting with three focus groups of 6 to 8 people from more diverse backgrounds would have generated richer data. Subject recruitment was likely influenced by the time of year when these groups were conducted (i.e., end of the school year). This is a time when teachers are typically trying to complete all of their curriculum requirements. More participants may have volunteered to attend the focus groups if they had been conducted earlier in the school year. However, logistically the researcher needed to complete her research during

her one year leave of absence from her teaching position to meet the terms of the bursary she was awarded and avoid monetary penalty.

A second limitation of this study was that the information gathered in this study was a recollection of experiences. Participants had to remember past incidents; therefore some of the information provided may have been incorrectly interpreted by the participants.

Implications for Future Research

Future research exploring young girls' belief systems, the deconstruction of these traditional beliefs, and the reconstruction of new beliefs in regards to body image is a critical area for exploration, especially within the school setting. Future research should include creating a positive helpful school environment. Suggestions include developing and evaluating inservices to educate school personnel about body image and disordered eating behaviours. As evidenced by some of the comments from focus group members, there seems to be some knowledge of this area but it is incomplete. The effectiveness of inservices could be evaluated to increase understanding and knowledge of body image and disordered eating behaviours. Program evaluation research on current curriculum and whether it is being implemented is another area that could be explored. Prevention programs and interventions must be implemented at a younger age in order to prevent harming behaviours in adolescent girls (Dohnt & Tiggemann, 2005). Future school-based prevention programs should utilize current information to ensure the most effective, sustainable, and safe programs for the prevention of eating problems among children and adolescents (O'Dea, 2000).

Based on the comments of the participants, other areas that could be explored in more detail in future studies include: teachers' knowledge and skills relating to body image and how effectively they address these concerns in their classrooms; how body image is discussed in our

classrooms; and educators` understanding and use of empathy training, talking circles, and group work to foster more positive body images in their students. The issue of positive body image should be an area that is addressed in our schools.

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Appendix A

University of Saskatchewan Student Application for Approval of a Research Protocol

Information Required:

1. Name of researcher(s) and/or supervisor (s) and related department(s).

1a. Name of student(s), if a student study, and type of study (e.g., B.A., Hon., M.A., Ph.D.)

Student: Gail Gaudet
Masters Candidate
Department of Educational Psychology and Special Education
College of Education
University of Saskatchewan
Type of Study: Masters Thesis – M. Ed.

1b. Anticipated start date of the research study (phase) and the expected completion date of the study (phase).

Project Deadlines:
Starting date (yy/mm/dd): 07/06/01 Ending date (yy/mm/dd): 08/06/01

2. Title of Study

Girls, Body Image and the School Setting

3. Abstract (100-250 words)

Provide a brief statement of the hypotheses to be examined.

The primary purpose of this study is to investigate the knowledge and experiences of school counsellors, teachers, and school-based personnel in the area of girls' body image dissatisfaction. Participants' perspectives will be described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms. The idea for this research evolved from my interest in positive self-esteem and academic and social success. I started looking at issues that promote positive self-esteem. As a teacher, I find that girls (more so than boys) base their success on body image. Girls often turn to harmful health behaviours such as disordered eating or excessive exercise because of dissatisfaction with their bodies. I hope to find ways for teachers to foster positive body image by identifying/noticing the opportunities to intervene/make a difference. I believe school counsellors, teachers, and school-based personnel will be a useful source of information on this topic.

This study will investigate the following research questions: 1) Identify health issues (e.g. unhealthy talk, unhealthy behaviour) in young girls between the ages of 6 and 17.

2) Brainstorm ideas of how teachers can help create and support a positive learning environment for girls of this age.

4. Funding

Indicate the source of funds supporting the research.

Not applicable. The graduate student will fund the research.

5. Expertise

Not applicable. No special or vulnerable populations are involved in this study.

6. Conflict of Interest

The relationship between the researcher and participants is collegial. No financial benefits will accrue for recruiting participants or conducting the research. No foreseen limits exist on the publication or distribution of findings.

No relationship exists between the researcher and participants.

7. Participants

Describe the procedures for recruiting, selecting and assigning participants.

Purposive sampling will be used to select participants for the study, in which the researcher selects participants because of their characteristics. Good participants are those who know the information required, are willing to reflect on the phenomena of interest, have the time, and are willing to participate (Morse & Richards, 2002). I will chose participants working in a school, interested in creating a positive school environment around body image.

Recruitment of participants will take place by gaining school board approval and having administrative assistants distribute an e-mail to staff/school counsellors inviting participation and/ or by word of mouth (snowball). School counsellors, teachers, and school-based personnel from different school divisions working in urban and rural Saskatchewan will be recruited. For the purpose of this research participants will be selected based on the following criteria:

1. Willingness to participate in the study.
2. Participants will self-identify that they have worked with/had interactions with girls and their body image.
3. Participants will be English/or French speaking, as the researcher speaks both languages fluently.
4. Participants will be school counsellors, teachers, and school-based personnel who have been employed in a school.

8. Consent

In addition, the committee requests that researchers describe:

1. The process by which participants consent to participate in the research project.
2. The procedures that will be in place to ensure timely opportunities to give or withdraw consent.

The researcher will proceed with focus group interviewing study participants only after obtaining informed consent. Participants will be informed of their rights by means of a Participation Information and Consent Form (Appendix A). This form includes a description of the study to potential participants.

Participants' involvement in this study consists of spending approximately one to two hours in a focus group. The participants will be able to contact the researcher at any time with questions, concerns, or to inform the researcher that they wish to withdraw consent to participate within the duration of this study.

Consider whether any of the following concerns apply:

a) Alternative consent protocols

Teacher participants will be asked to sign a written consent to participate. This method is not considered to be impractical, since teachers are the subjects being recruited to participate. Therefore, concerns such as ability of subjects to read and understand the form will not be an issue.

b) Recruitment from organizations

Refer to Appendix B: School Division Consent indicating support for research. Once ethics approval has been obtained, the school division's Board of Education will receive a letter of intent. The letter will seek permission to conduct focus group interviews and access data reporting their experiences.

c) Children under 18 years of age

Participants will all be over 18 years old in age.

d) Participants are in a dependent relationship to the researcher

The researcher's relationship with potential participants is collegial; no power relationship exists. As previously indicated, the invitation to participate in the form of a letter and delivered by inter-office mail helps to alleviate a feeling of coercion by potential participants.

e) Participants are not able to give either consent or assent

Not applicable. The researcher does not foresee any participants not being able to give written consent.

f) Participant-Observation research

Not applicable. Participant-observation or naturalistic-observation research is not being conducted.

g) Research involving small groups

During the focus group, pseudonyms will be chosen by participants when discussing experiences of girls. These pseudonyms will also be utilized on the tape recording to ensure anonymity. Because the researcher will be conducting focus groups it will be difficult to affirm anonymity and confidentiality but the researcher will ask that the information being shared remain confidential.

9. Methods/Procedures

Describe the procedures to obtain research data.

Due to the nature of this study, a less structured approach to the focus groups will be taken. Therefore, the moderator (Gail Gaudet) will pose broad, general questions and/or statements at the beginning of the session to initiate discussion. There will be a co-facilitator to ensure the proper functioning of the two tape recorders and help with details necessary for running a group. The room will be arranged with up to eight chairs for the participants, and one for the moderator. The chairs will be situated around a circular table, with a tape recorder in the middle of the table. The focus group will consist of three groups of six-eight people and is expected to take approximately 1-2 hours in length.

Naturalistic inquiry will provide a means to: (a) explore school counsellors', teachers', and school-base personnel experiences and understanding of young girls' body image dissatisfaction, and (b) generate positive actions teachers can do to improve the situation. Through the use of focus groups, using guided questions and probes, participants will share their experiences and interactions with body dissatisfaction and brainstorm ways to create a school environment that encourages positive body image. School counsellors, teachers, and school-based personnel have first hand knowledge and experience with young girls who are developing a sense of body image. In order to better understand girls' experiences with body image, I want to interview school counsellors, teachers, and school-based personnel through a focus group. In order to better understand girls' experiences with body image, the researcher chose to interview school counsellors, teachers, and school-based personnel through a focus group. The researcher will need to provide a safe environment for the participants to share their experiences. Part of creating this safe environment is to openly and fully inform them of: the intent of the study, why the researcher is interested in the area of body image in young girls; and how she will be meeting with and conducting a focus group. The researcher will also inform each participant of their rights to participate or to withdraw at any point. The researcher is interested in coming to a better understanding of girls' body image experiences and identifying possible themes, barriers, facilitators, and common patterns amongst these experiences.

10. Storage of Data

Upon completion of the study, all data will be securely stored and retained by the researchers' graduate supervisor, Dr. Laureen McIntyre, Department of Educational Psychology and Special Education in the College of Education in accordance with the guidelines defined by the University of Saskatchewan. The data will be placed in a locked cabinet for a minimum of five years.

11. Dissemination of Results

Results from this project will be used for my thesis, scientific publications, and presentations to professionals, parents, and educators. The confidentiality of all information gathered from participants will be ensured. All responses obtained from participants will remain confidential.

12. Risk, Benefits, and Deception

No perceived risk or deception is involved in this study. Participants will not be exposed to harm, discomforts, or perceived harm. Potential participant names will be removed and replaced with pseudonyms. Therefore, there is limited opportunity for loss of privacy, confidentiality, or anonymity even though the researcher will have to ask that the information shared throughout the focus remain confidential.

When assessing the degree of risk entailed by your procedure, please consider the following questions:

a) Are you planning to study a vulnerable population?

No.

b) Are you planning to study a captive or dependent population, such as children or prisoners?

No.

c) Is there is a institutional/ power relationship between researcher and participant?

No.

d) Will it be possible to associate specific information in your data file with specific participants?

No.

e) Is there a possibility that third parties may be exposed to loss of confidentiality/ anonymity?

No.

f) Are you using audio or videotaping?

Tape-recorder.

g) Will participants be actively deceived or misled?

No.

h) Are the research procedures likely to cause any degree of discomfort, fatigue, or stress?

No.

i) Do you plan to ask participants questions that are personal or sensitive? Are there questions that might be upsetting to the respondent?

No.

j) Are the procedures likely to induce embarrassment, humiliation, lowered self esteem, guilt, conflict, anger, distress, or any other negative emotional state?

No.

k) Is there any social risk?

No.

l) Will the research infringe on the rights of participants by, for example, withholding beneficial treatment in control groups, restricting access to education or treatment?

No. All participants will have equal opportunity to benefit from the results of the research through debriefing.

m) Will participants receive compensation of any type? Is the degree of compensation sufficient to act as a coercion to participate?

No compensation of any type will be provided.

n) Can you think of any other possible harm that participants might experience as a result of participating in this study?

No.

13. Confidentiality

Participants' identities will be kept confidential. Although the researcher will report direct quotations from the focus group, each participant will be given a pseudonym and all identifying information (such as the name of their employers) will be removed from the report. Because the study being conducted is a focus group, the researcher cannot affirm anonymity and confidentiality however, she will ask that the information shared throughout the focus group remain confidential.

Because the participants for this study will have been selected from a small group of people (school counsellors, teachers, and school-based personnel in and near Saskatoon), it is possible that they may be identifiable to other people based on the information released during the

interview. Prior to the data being included in the final report, participants will be given the opportunity to review the narrative constructed from their interviews and to alter or delete potentially identifying information as they see fit.

14. Data/Transcript Release

Participants will be given the opportunity to review a draft of the study constructed from their interviews. They will be reminded of their right to withdraw any or all of their responses. Once participants are satisfied with the written product, they will be asked to sign a data release form (see attached Appendix C).

15. Debriefing and feedback

Debriefing and feedback will occur as part of the research process as the researcher involves participants in the process of discussion, analysis, reflection and summarizing. Because of the collaborative nature of the research process, communication with the researcher will be ongoing.

Participants are provided with information on how the researcher can be contacted if they have questions or concerns in the letter of information describing the study they received.

All participants will be informed about the public access to the finished study at the University of Saskatchewan. A copy will be deposited at the University of Saskatchewan library. A brief executive summary of the project will be provided to each of the participants upon request.

16. Required Signatures

Gail J. Gaudet: Master of Education candidate, Department of
Educational Psychology and Special Education, University of Saskatchewan

Dr. Laureen McIntyre: Supervisor, Department of Educational Psychology and
Special Education, University of Saskatchewan

Dr. David Mykota: Co-Department Head of Educational Psychology and Special Education,
University of Saskatchewan

17. Required Contact Information

Researcher: Gail J. Gaudet

Box 10

St. Isidore de Bellevue, SK S0K 3Y0

Phone: (306) 423-6219

pggaudet@baudoux.ca

Supervisor: Dr. Laureen McIntyre

Office 1259, Department of Educational Psychology and

Special Education, College of Education

28 Campus Dr., University of Saskatchewan

Saskatoon, SK S7N 0X1

Phone: (306) 966-5266

Fax: (306) 966-7719

laureen.mcintyre@usask.ca

Appendix B

School Division Consent Letter

Gail J Gaudet
Box 10
Bellevue SK
S0K3Y0

June 10, 2007

Dear Sir or Madam,

My name is Gail Gaudet and I am currently completing a Masters Degree in Educational Psychology and Special Education at the University of Saskatchewan in Saskatoon.

Much research has been conducted over the last several years pertaining to body image. Research has looked at body image dissatisfaction, self esteem, body image, peer and media influences, eating disorders, and disordered eating.

The primary purpose of this study is to investigate the knowledge and experiences of school counsellors, teachers, and school-based personnel in the area of girls' body image dissatisfaction. Participants' perspectives will be described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms. The idea for this research evolved from my interest in positive self-esteem and academic and social success. I started looking at issues that promote positive self-esteem. As a teacher, I find that girls (more so than boys) base their success on body image. Girls often turn to harmful health behaviours such as disordered eating or excessive exercise because of dissatisfaction with their bodies. I hope to find ways for teachers to foster positive body image by identifying/noticing the opportunities to intervene/make a difference. I believe school counsellors, teachers, and school-based personnel will be a useful source of information on this topic.

The rationale for this study is to provide a framework for understanding girls' needs as they attempt to make choices in regards to body image beliefs which may affect their self-esteem. School counsellors, teachers, and school-base personnel have first hand knowledge and experience with young girls who are developing a sense of body image. These professionals can inform current understanding of how classroom teachers can provide young girls with the support and encouragement they need to develop more positive body images.

I believe this study will be an important addition to the current literature on body image dissatisfaction in young girls. In order to support the young girls, teachers must be aware of the challenges face by young girls, especially those in the school context, so that they can regain a sense of self, a sense of efficacy in their abilities to take care of themselves, the need to break unhealthy behaviours, and to regain positive self-esteem.

The research will be approved by the University of Saskatchewan Ethics Committee. This letter is a request for permission to conduct the research with targeted counsellors, teachers, and school-based personnel in the school division. Confidentiality and anonymity are guaranteed and the findings will be made available to interested parties following the completion of the research. Enclosed please find a copy of the proposed questions to be discussed and consent form.

Thank you in advance for your attention to this matter. I look forward to a reply at your earliest convenience.

Sincerely,

Gail Gaudet

Appendix C

Information and Consent Form

Researcher: Gail J. Gaudet, M.Ed. Candidate, Department of Educational Psychology and Special Education, University of Saskatchewan.

Thesis Supervisor: Dr. Laureen McIntyre S-LP (C), CCC-SLP, Assistant Professor, College of Education, Department of Educational Psychology and Special Education, University of Saskatchewan

Title of the Study: Girls, Body Image and the School Setting

The primary purpose of this study is to investigate the knowledge and experiences of school counsellors, teachers, and school-based personnel in the area of girls' body image dissatisfaction. Participants' perspectives will be described and implications identified for ways in which teachers can encourage positive body image for girls in their classrooms. The idea for this research evolved from my interest in positive self-esteem and academic and social success. I started looking at issues that promote positive self-esteem. As a teacher, I find that girls (more so than boys) base their success on body image. Girls often turn to harmful health behaviours such as disordered eating or excessive exercise because of dissatisfaction with their bodies. I hope to find ways for teachers to foster positive body image by identifying/noticing the opportunities to intervene/make a difference. I believe school counsellors, teachers, and school-based personnel will be a useful source of information on this topic.

This study will investigate the following research questions: 1) Identify health issues (e.g. unhealthy talk, unhealthy behaviour) in young girls between the ages of 6 and 17. 2) Brainstorm ideas of how teachers can help create and support a positive learning environment for girls of this age.

Analysis of the focus group will be given to you and you may make changes if you feel it necessary. Only what you agree upon will be released. Pseudonyms will be used for the counsellors, teachers, and school-based personnel as well as the girls. Anonymity may not be maintained because focus groups are being used. You may refuse to answer any of the questions or withdraw at anytime. If you withdraw, no information will be revealed.

This study is part of my thesis for the Masters Program. Information collected is to be used in my thesis. The data collected may be presented at conferences or published. I am hoping that this study will offer teachers, schools, and professionals working in this field, methods of intervening or even preventing body image issues in young girls to create positive well-being.

If you have any questions or need further information please phone me at 220-7984 or 423-6219. My thesis supervisor, Dr. Laureen McIntyre may be reached at the University of Saskatchewan at 966-5255. The Ethics Office may also be contacted about your rights at 966-2084.

Participants Consent

I understand the above information. I have read and understand the nature of the study and the contents of the consent. I agree to participate in this study and I have a copy of the information and consent form. I can withdraw at any time and there will be no negative consequences.

Name of Participant

Date

Signature of Participant

Signature of Researcher

Appendix D
DATA RELEASE FORM

Title of the Study: Girls, Body Image and the School Setting

Researcher: Gail J. Gaudet, M.Ed. candidate, University of Saskatchewan

Supervisor: Dr. Laureen McIntyre, University of Saskatchewan

I now give permission to Gail Gaudet to publicly release my personal interview information, as it has been negotiated over the course of this thesis research project. I am aware of the possibility of being identified from what I have said, given the small community of school counsellors, teachers, and school-based personnel in or near Saskatoon, and I have made any desired changes to potentially identifying statements.

I understand that I am still free to withdraw any information, wholly or in part, from this study prior to signing this consent, without penalty of any kind.

As a participant, I have read this final consent for release of information and

I am satisfied that I am sufficiently aware of the above issues. I consent to the release of my information.

Date Participant Name (Please print)

Participant Signature

Date Witness Name (Please print)

Witness Signature

Appendix E

RESEARCH QUESTIONS

Given your experiences in the school setting, what do you identify as the negative consequences/negative impacts of poor body image for girls?

1. I'm assuming you are all here because you recognize and believe that girl's body image is an issue for concern. I'd like to start off by hearing from each of you about how you came to believe this? What experiences have you had in the school setting that tells you this? (LIST ON FLIP CHART FOR LATER REFERENCE)
2. Is there anything else anybody can tell me about your experiences with girls and body image in the school setting? (PROBE WITH STATEMENTS SUCH AS, Anybody else experienced this? something like this? something completely different?)
3. Have you noticed girls who do seem to have had positive healthy body images? When or where have you observed this? What led you to believe they felt good about their bodies? Does this give us any ideas about how we can create a positive school environment for girls and body image?
4. Looking at list moments/incidents when people here have been aware of body image and girls in the school setting.....Did anybody try and do/say something? What was impact? How was received?
5. Let's brainstorm as many other ideas as we can about how teachers can help create and support a positive learning environment for girls of this age. Ask if aware of resources/programs/initiatives, etc.